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STUDENT PROFILE FORM

Montana Adult Basic and Literacy Education

Site Name: _____ **Program Year:** _____
Satellite Site: _____ **Enrollment Date:** __/__/__

Student Name: _____
Last First MI Age (at enrollment)

Street Address or PO Box: _____

City: _____ **State:** _____ **Zip Code:** _____

Social Security Number: _____ **SSN Waiver:** _____

Date of Birth: _____ **Live in Rural Area:** ☐ Yes ☐ No

Gender: ☐ Female ☐ Male **Student E-mail Address:** _____

Telephone: _____ Home _____ Cell _____
Work _____ Other _____

Primary Instructor: _____

Ethnicity: ☐ American Indian or Alaskan Native **Tribe:** ☐ Assiniboine ☐ Gros Ventre
☐ Asian ☐ Blackfoot ☐ KT/CS
☐ Black or African American ☐ Chippewa ☐ Little Shell
☐ Hispanic or Latino ☐ Cree ☐ Northern Cheyenne
☐ Native Hawaiian or other Pacific Islander ☐ Crow ☐ Sioux
☐ White, Non-Hispanic ☐ Other

Affiliation: ☐ Enrolled ☐ Not Enrolled

Last Grade Completed: ____ **Last School Attended Name/City/State:** _____

Is the student a single parent with dependent(s) under the age of 18? ☐ Yes ☐ No

If yes, number of children under 18: _____

Disability: ☐ Yes ☐ No ☐ Not Sure

If the student has a disability, check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Blindness or vision impairment | <input type="checkbox"/> Hearing loss or impairment |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Physical impairment | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Mental illness (depression, anxiety, mood) | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Disorder (personality disorder) | <input type="checkbox"/> Psychosocial (behavior, coping or relationship difficulty) |
| <input type="checkbox"/> Other (please explain) _____ | |

Employment Status: ☐ Employed ☐ Unemployed ☐ Not in the labor force

Housing Status:

- ☐ Confirmed to an Adult Correction Facility (not able to leave facility)
☐ Confined to a Youth Correction Facility (not able to leave facility)
☐ Living in a Community Correctional Facility (able to leave facility)
☐ Resident of a Community Group Home
☐ Resident of a Subsidized Housing Program
☐ Living with friends/family
☐ Own, rent or are purchasing residence
☐ Homeless

Emergency Contact: Name _____ **Phone** _____**Street Address or PO Box::** _____**City:** _____ **State:** _____ **Zip Code:** _____

How did you hear about the ABE?

- | | |
|--|---|
| <input type="checkbox"/> Friend or family member | <input type="checkbox"/> Former student |
| <input type="checkbox"/> Newspaper or magazine ad | <input type="checkbox"/> High school or college student |
| <input type="checkbox"/> Pamphlet or brochure | <input type="checkbox"/> Other |
| <input type="checkbox"/> Referral by agency/program or institution | <input type="checkbox"/> Radio or tv advertisement |
| | <input type="checkbox"/> Self referral |
| <input type="checkbox"/> Other Reference _____ | |

Referral Agency Type

- ☐ Educational Institution
☐ Governmental Agency/Program
☐ Private Business
☐ Other

Referral Agency Name _____

Agency Contact _____

Reason for Referral:

- ☐ Assessment only
☐ Enrollment in ABE

Program Classification: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Even Start | <input type="checkbox"/> SSI only |
| <input type="checkbox"/> Foster child payment | <input type="checkbox"/> TANF <input type="checkbox"/> Tribal TANF |
| <input type="checkbox"/> Fuel assistance | <input type="checkbox"/> Tribal new |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Unemployment benefits |
| <input type="checkbox"/> Housing assistance | <input type="checkbox"/> Vocational rehabilitation |
| <input type="checkbox"/> Medical assistance | <input type="checkbox"/> WIA |
| <input type="checkbox"/> Refugee assistance | <input type="checkbox"/> WIC |
| <input type="checkbox"/> SSDI or other disability | <input type="checkbox"/> Workers compensation |
| <input type="checkbox"/> BIA Public Assistance | <input type="checkbox"/> Food Stamps |

Choose one or two of the following educational advancements:

- | | |
|---|--|
| <input type="checkbox"/> Enter employment* | <input type="checkbox"/> Improve English language skills |
| <input type="checkbox"/> Enter post secondary education or training* | <input type="checkbox"/> Involvement in children's education |
| <input type="checkbox"/> Receipt of post secondary school diploma or GED* | <input type="checkbox"/> Involvement in children's literacy-related activities |
| <input type="checkbox"/> Retain employment* | <input type="checkbox"/> Meet work-based project learner goal |
| <input type="checkbox"/> Achieve citizenship skills | <input type="checkbox"/> Reduction in receipt of public assistance |
| <input type="checkbox"/> General involvement in community activities | <input type="checkbox"/> Voting behavior |
| <input type="checkbox"/> Improve math skills | |
| <input type="checkbox"/> Improve reading skills | |

What other areas do you need help in? (Check all that apply)

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Getting a drivers license | <input type="checkbox"/> Career planning | <input type="checkbox"/> Counseling | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Resume writing | <input type="checkbox"/> Study skills | <input type="checkbox"/> Job interviewing | <input type="checkbox"/> Self esteem |
| <input type="checkbox"/> Other _____ | | | |